

**Multi-Center Pilot Funding Grant**

**2022 APPLICATION**

AN INITIATIVE FUNDED BY

**IU School of Medicine (IUSM) Council for Center/Institute**

**Directors and Administrators**

Submission Due Date: **March 1, 2022**

For program questions, please contact the council members directly at iusm\_cidirectors-l@list.iupui.edu

**UPLOAD via the Start a Submission link here** [**CTSI Multi-Center Pilot Funding Link**](https://indianactsi.org/translational-research-development/open-funding-opportunities#MCPF202203)

*Please note that you will be submitting through the Indiana CTSI’s grants management software WebCAMP.*

*The WebCAMP user’s guide is available under the funding announcement here:* [*https://www.indianactsi.org/researchers/funding/open-funding-opportunities/*](https://www.indianactsi.org/researchers/funding/open-funding-opportunities/)

For WebCAMP related questions, please contact Julie Driscol (judrisco@iu.edu / 317-278-2822)

**IUSM Council for Center/Institute Directors and Administrators**

**Multi-Center Pilot Funding Grant| 2022 APPLICATION**

**INFORMATION AND SIGNATURES MUST REPRESENT BOTH PIs**

**PRINCIPAL INVESTIGATOR:**  **EMAIL:** **ORCID ID:**

**RANK       DEPARTMENT and SCHOOL:** **CAMPUS (if regional):**

**INSTITUTIONAL AFFILIATION:** **CENTER/INSTITUTE AFFILIATION:**

**Co-PRINCIPAL INVESTIGATOR:**  **EMAIL:**

**RANK       DEPARTMENT and SCHOOL:** **CAMPUS (if regional):**

**INSTITUTIONAL AFFILIATION:** **CENTER/INSTITUTE AFFILIATION:**

**Co-PRINCIPAL INVESTIGATOR:**  **EMAIL:**

**RANK       DEPARTMENT and SCHOOL:** **CAMPUS (if regional):**

**INSTITUTIONAL AFFILIATION:** **CENTER/INSTITUTE AFFILIATION:**

**ADDRESS WHERE WORK WILL BE PERFORMED:**

**TITLE OF PROPOSAL:**

**IS THIS A RESUBMISSION: [ ]  (if yes, a ½ page response to reviewers’ comments should be included)**

**Provide a brief specification that the contact PI and collaborating PI meet the eligibility criteria outlined in the RFA.**

BRIEF SPECIFICATION:

**BUDGET PERIOD (maximum 12 months):** From:**07/01/2022** To:**06/30/2023**

AMOUNT REQUESTED:

Total $ (may not exceed $50,000)

 APPROVAL

YES NO PENDING PROTOCOL# DATE

RECOMBINANT DNA? **[ ]**  **[ ]**  **[ ]**

VERTEBRATE ANIMALS? **[ ]**  **[ ]**  **[ ]**

DOES THIS PROJECT INVOLVE CLINICAL RESEARCH? **[ ]**  **[ ]**  **[ ]**

**REQUIRED APPLICANT AND INSTITUTIONAL SIGNATURES:**

“The undersigned applicant agrees to accept responsibility for the scientific and technical conduct of the research project and for provision of required progress reports if a grant is awarded as the result of this application. I understand that the second phase of the funding is contingent on successful completion of first phase milestones in all institutions unless specific request for exception is made and approved.”

**SIGNATURES MUST BE OBTAINED FOR EACH PI / CO-PI AND THEIR REPRESENTATIVE INSTITUTIONS**

|  |  |
| --- | --- |
| **IUSM**  | **Signature and Date** |
| Applicant |  |
| Department Head / Chair(1) |  |

(1) Departments of Medicine and Pediatric: Division Chief Signature is allowable in lieu of the Department Chair. Institutional Official Signature is not required for IUSM.

|  |  |
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| **IUB, IUPUI, IU Regional Campus** | **Signature and Date** |
| Applicant |  |
| Department Head / Chair |  |
| School Dean |  |

|  |  |
| --- | --- |
| **Purdue University**  | **Signature and Date** |
| Applicant |  |
| Department Head / Chair |  |
| Institutional Official(1) |  |

(1) Signature approval by Pre-Award Center Manager is required by Purdue University.

|  |  |
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| **University of Notre Dame** | **Signature and Date** |
| Applicant |  |
| Department Head / Chair |  |
| Indicate intent to submit to Melanie DeFord via email (mdeford@nd.edu). A copy of the completed application, with signatures, must also be sent to David Ross (dross5@nd.edu ) by the due date; this is in addition to being uploaded as specified in the ‘CTR Guidelines’. Institutional routing is not required. Contact David Ross or Melanie DeFord with questions. |

**ABSTRACT** Provide a brief summary of your project in **300 words or less** Include a proposal that details short-term plans for developing the team and longer-term plans for developing an extramural grant proposal.

**RESEARCH PLAN** Provide up to 2 pages for the project’s research plan (specific aims, introduction and background, approach, how the participating centers/institutes will be involved and benefit from the proposed project, specify if and how the project will include the use of any Core facilities in the participating center/institute, and how the application will lead to future collaborative funding).

The research plan should address the following review criteria: ***i)*** ***Quality*** – high standards of scholarship; ***ii)*** ***Impact*** – the results of the proposed project must show a strong potential for subsequent extramural funding (for example; NHGRI, NIA, NIAAA, NIBIB, NIDA, NIMH, NINDS, DOD, and/or the VA); and ***iii) Future plan*** - briefly specify plans for publication, applying extramural funding, and timeline. ***Resubmission*** - applications are permitted an additional ½ page to describe how the current proposal specifically addressed the previous reviewers’ comments.

**References;** not required but encouraged (not included in page limit)

**Required Additional Pages (Appendices)**

* **A List of all key personnel** (include center/institute affiliation)
* **NIH Biosketch** for PI(s) (include center/institute affiliation) only in new format, limited to 5 pages each
* **Budget** in NIH format with budget justification, limited to 1 page
1. Supplies and costs must relate directly to the performance of the project.
2. Travel and faculty salaries are not allowed.
3. Student stipends are not allowed.
4. Core costs should be budgeted at the internal rate.
* **Letters of Support from collaborators**
* **Letter from Core director, if applicable**
* **Previous reviewers’ comments if applicable**

Principal Investigator (Last, first, middle):

|  |  |
| --- | --- |
| Principal Investigator/Program Director (Last, First, Middle): |       |
|  |
| SENIOR / KEY PERSONNEL REPORT | Project Title      |
| All Senior / Key Personnel for the one year budget period must be listed below. |
| Name | Degree(s) | Role on Project(e.g. PI, Res. Assoc.) | Institutional Affiliation | Effort Devoted to Project |
| Cal | Acad | Sum |
|       |       |           |       |       |       |       |
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OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 09/30/2024)

1. **BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

| INSTITUTION AND LOCATION | DEGREE*(if applicable)* | Completion DateMM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
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**A. Personal Statement**

**B. Positions, Scientific Appointments, and Honors**

**C. Contributions to Science**

Principal Investigator (Last, first, middle): **YEAR 1**

|  |  |  |
| --- | --- | --- |
| **DETAILED BUDGET FOR YEAR 1 BUDGET PERIOD****DIRECT COSTS ONLY** | FROM07/01/2022 | THROUGH06/30/2023 |
| PERSONNEL *(Applicant organization only)* |  | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* |
| NAME | ROLE ONPROJECT | TYPEAPPT.*(months)* | EFFORTONPROJ. | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|       | PrincipalInvestigator |     |     |      |      |      |      |
|       | Collaborator |       |       |       |       |       |       |
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|  **SUBTOTALS** |        |       |       |
| SUPPLIES  |      |
| ANIMAL COSTS |      |
| OTHER EXPENSES |      |
| TOTAL DIRECT COSTS FOR YEAR 1 BUDGET PERIOD |  |

BUDGET JUSTIFICATION:

**Sample Letter from Core Director**

<Date>

Principal Investigator:

Proposal Title:

Dear Committee Members:

I have reviewed this project with the principal investigator and support its consideration for pilot funding.

***[In the remaining paragraph(s) the director should describe the pilot investigator’s intended use of the facility and the cost involved, assessing the center’s ability to support the study, the experimental design as it relates to the facility and the time line is appropriate.]***

I certify that:

□ The core has the capability to perform the work outlined in the application

□ The budget requested can cover the work to be performed in the core (if additional monies have not been identified)

□ The experimental design proposed for the facility is appropriate and can accomplish the stated purpose

Sincerely,

Core Facility Director Signature Block